As	a res	ult o	of atten	ding :	the Sc	rubs	Camp	you	have	the	oppor	tunity
to	apply	√ for	a one	day c	r one	week	field	expe	rience	.		•



NAME:		
ADDRESS:		
SCHOOL:		
EMAIL:		
PHONE NUMBER:		
CAREER AREA OF INTEREST:		
DO YOU HAVE A PARTICULAR OFFICE OR FACILITY YOU WOULD LIKE TO GO TO?	YES	NO
IF SO, NAME AND TOWN WHERE IT'S LOCATED:		
PARENT/GUARDIAN NAME:		
PARENT/GUARDIAN ADDRESS:		
PARENT/GUARDIAN PHONE:		
PARENT/GUARDIAN SIGNATURE:		



SHOULD BE SELECTED FOR THIS FIELD EXPERIENCE:					
OHOOLD DE OLLEGIED FOR THIO FILLD	EXILITIES E.				
To be completed by a school counselor, teacher, or administrator.					
WHY DO YOU RECOMMEND THIS STUDE ACCEPTED INTO THE FIELD EXPERIENCE					
(please note the student's relevant work/volunteer experience, GPA, area					
Signature: Position:					
Please keep in mind that Field Experience Job Shadowing is a competitive students who apply will be accepted automatically into the Field Experience					
Mail the completed form within one month after attending the Scrubs Co Scrubs Camp Field Experience Lindsay Rounds	amp to:				
c/o CLEAR LLC 1126 Lakewood Dr.					
Piorro SD 57501					

School districts will be notified of students' acceptance by December 31, 2009.